



# ANNUAL REPORT

on the

MEDICAL INSPECTION, Etc.,

of the

Elementary School Children  
of the Borough of Stockton-on-Tees  
during the year 1945

by

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Medical Officer of Health.





Health Department,  
11 Finkle Street,  
Stockton-on-Tees.  
17th May, 1946.

**To the Chairman and Members  
of the Committee for Education.**

Ladies and Gentlemen,

It is with pleasure that I am able to report that the health of the school children in the Borough has, on the whole, been satisfactory during 1945.

The School Medical Service has worked under some difficulty during the year owing to the fact that it was not found possible to fill the post of Assistant School Medical Officer which became vacant in December, 1944. This meant that a considerable body of work had to be distributed between the remaining medical staff whose time was already fully taken up. The statistics contained in this report show that, apart from a certain diminution in the number of routine and special examinations, the work has been well maintained. There was inevitably a contraction of other services and I would emphasize the urgent need to fill this vacancy at the earliest possible moment especially in view of the expansion of the School Medical Service necessary to meet the requirements of the Education Act, 1944.

In the field of nutrition, it is a welcome step that milk will be supplied free to all school children as from August, 1946, the date when Family Allowances will be introduced and that as soon as canteen and dining room facilities become adequate, free meals will also be provided for all children whose parents wish to avail themselves of them. This may be regarded as a logical corollary to the development of a comprehensive School Medical Service and a re-affirmation of the principle that the health of the school children is of first importance in the great national campaign to raise the mental and physical level of the people.

The care of handicapped children will be greatly extended under the Education Act, 1944, and two new categories have been added, namely, children suffering from speech defects, for whom provision is already made in the Borough, and maladjusted pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social and educational re-adjustment. This problem is linked closely with the care of the educationally subnormal child and there can be no doubt that proper facilities for their care, if neces-

sary in residential schools, would drastically diminish the number of cases of delinquency requiring to be brought before the Juvenile Court.

The National Health Service Bill now before Parliament aims at a co-ordination of the child health services and this is welcome in that it will, it is hoped, ensure continuity of care from birth to school leaving age. It is a requirement of the Education Act that, subject to a saving clause for existing staff, all school nurses must, in future, be qualified as Health Visitors. The implementation of this will not be easy but will, in the course of time do much to break down the artificial barrier which exists between the child care services provided by the Maternity and Child Welfare and Education Committees.

Approval has now been obtained from the Ministry of Health to the plans for a Health Centre at Woodlands and I regard this of great importance in the unification of the Health Services of the town. When this scheme has been implemented there will be a closer integration of these services than ever before.

The ascertainment of deafness in school children is capable of much greater expansion in the Borough and consideration should be given to the institution of routine testing by means of the gramophone and pure-tone audiometer. The existence of an unsuspected degree of partial deafness is a great handicap both to the pupils and teachers and is responsible for much educational retardation in many school children.

It is certain that great changes are imminent in the School Medical Service. There can be no doubt that there will be a great expansion of the scope of the service which will become more and more an integral part of the National Health Service which will cover not only school children but all other members of the household. This will entail a thorough revision of staffing and organisation but there will, no doubt, be some considerable lapse of time in the change over from the old order to the new.

I should like to express my indebtedness to the Chairman and Members of the Building and Medical Service Committee for their sympathetic help and encouragement during the year and to the staff of the School Medical Service for their invariable co-operation and assistance.

Your obedient servant,

JOHN LANDON,

Medical Officer of Health.

# ANNUAL REPORT

1945

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## 1. DETAILS ASSOCIATED WITH ELEMENTARY EDUCATION IN THE BOROUGH.

Number of schools ... ..	23
These include 20 Elementary Schools, one Central School, one Special School for Deaf Children and one Special Open Air School for Delicate Children	
Number of children for whom accommodation is provided ... ..	13,550
Number of children on roll at the end of the school year ... ..	10,006
Average attendance for 1945 ... ..	9,189
Percentage attendance for 1945 ... ..	89.10

### The Staff of the School Medical Service.

School Medical Officer—

John Landon, M.R.C.S., L.R.C.P., D.P.H.

Asst. School Medical Officer—Post vacant.

Assistant Medical Officer of Health—W. Rodger, M.B., Ch.B., D.P.H. (Part-time School Medical Service).

School Dental Officers—Alfred E. Pattie, L.D.S.  
Mrs. F. Ell (Temporary).

Speech Therapist—Miss Muriel Knight.

School Nurses—Miss M. Lamb.  
Miss E. Hindmoor.  
Miss M. A. Alton.  
Mrs. M. Brand (commenced duty 26th March, 1945).

Asst. Nurse—Mrs. J. M. Brooke (Temporary).

School Dental Attendants—  
Miss D. Whinfield.  
Miss N. Raw

Clerks—Miss J. Hall.  
Mrs. S. Wallett (Temporary).



## 2. CO-ORDINATION.

No alteration has been made in the previous year's arrangements.

## 3. SCHOOL HYGIENE AND SANITATION.

School hygiene and sanitation have been maintained in a satisfactory condition.

## 4. MEDICAL INSPECTION.

Routine medical inspection has been carried out on only three mornings per week during the past year, due to shortage of staff.

## 5. FINDINGS OF MEDICAL INSPECTIONS.

The children inspected in the three code-group ages numbered 1,883. In addition to this number, 36 children whose ages did not come within the specified code-groups were fully examined.

2,724 children were inspected as "Specials." These were referred by parents, teachers, school nurses, attendance officers, etc., for examination. The total number, including re-inspections, was 4,524.

### (a) Nutrition.

A table showing the nutrition of children in the routine age groups inspected during the year will be found at the end of the report, under the heading "Statistical Tables, Table II."

### (b) Uncleanliness.

Since the appointment of an additional nurse in March of this year, extra school visits have been paid, more especially to those schools where there is a big proportion of children with unclean heads. 38,583 inspections were carried out during the year, and during the course of these inspections 1,547 individual children were found to be unclean, 114 fewer than in the previous year.

### (c) Minor Ailments and Diseases of the Skin.

**Minor Ailments.** 62 minor ailments (not included under other headings) were discovered at routine medical inspections.

The number of minor ailments (not included under other headings) seen at special inspections was 341.

**Diseases of the Skin.** 46 cases of scabies, 6 cases of impetigo, one of ringworm of body and 16 cases of other skin diseases were seen at routine medical inspections.

158 cases of scabies, 59 cases of impetigo, 31 of ringworm of the body, 28 of ringworm of the scalp and 30 cases of other skin diseases were seen at special inspections.

#### **(d) Visual Defects and External Eye Diseases.**

**Visual Defects.** 129 cases of defective vision, excluding squint, and 3 cases of eyestrain and other conditions were found at routine medical inspections, of which 105 were referred for treatment and 27 for observation.

At special inspections 175 cases of defective vision, excluding squint, and 25 cases of eyestrain and other conditions were found. Of these, 194 were referred for treatment and 6 for observation.

In addition, 54 cases of squint were discovered at routine medical inspection, 31 of which were referred for treatment and 23 for observation. 72 cases of squint were found at special inspections, 69 of which were referred for treatment and 3 for observation.

**External Eye Disease.** 26 cases of blepharitis and 5 of conjunctivitis were discovered at routine medical inspection. At special inspections 23 cases of blepharitis, 13 of conjunctivitis and two of keratitis were seen.

#### **(e) Nose and Throat Defects.**

At routine medical inspection the defects found were as follows :—60 cases of unhealthy tonsils, of which 17 were referred for treatment and 43 for observation ; 2 cases of adenoids, both of which were referred for treatment ; 15 cases of both unhealthy tonsils and adenoids, all of which were referred for treatment ; 7 cases of other throat conditions, of which 3 were referred for treatment and 4 for observation.

At special inspections 11 cases of unhealthy tonsils were seen, of which 8 were referred for treatment and 3 for observation ; 2 cases of adenoids, both of which were referred for observation ; 69 cases of unhealthy tonsils and adenoids, of which 66 were referred for treatment and 3 for observation ; 51 other conditions of nose and throat, 44 of which were referred for treatment and 7 for observation.

#### **(f) Ear Disease and Defective Hearing.**

12 cases of otitis media were found at routine medical inspection, 11 of which were referred for treatment and one



for observation. 8 cases of other ear conditions were found, 6 of which were referred for treatment and 2 for observation.

At special inspections 37 cases of otitis media were found, all of which were referred for treatment. 13 cases of other ear conditions were found, all being referred for treatment.

**Defective Hearing.** At routine medical inspection one case of defective hearing was discovered and referred for observation.

At special inspections 12 cases of defective hearing were found, 5 being referred for treatment and 7 for observation.

#### **(g) Dental Defects.**

At routine medical inspection one case of dental sepsis was found and referred for treatment.

During the year 8,175 children were inspected by the School Dentists. 4,919 of these, or 60.17% were found to require treatment. (See Table 4, Dental Inspection and Treatment).

#### **(i) Heart Disease and Rheumatism.**

At routine medical inspection 12 cases of organic heart disease were diagnosed and 11 of functional disorder of the heart.

At special inspections 14 cases of organic heart disease and 4 of functional disorder of the heart were seen.

Five children complaining of rheumatism were seen at special inspections.

#### **(j) Tuberculosis.**

Three cases of tuberculosis affecting peripheral glands were seen at routine medical inspection, one of tuberculosis of the ankle and one of suspected tuberculosis of the lungs.

At special examinations 4 cases of tuberculosis of the lungs, 4 cases of tuberculosis affecting peripheral glands and 3 cases of abdominal tuberculosis were seen. Five children were referred to the Tuberculosis Officer for examination and report.

#### **(k) Other Defects and Diseases.**

**Defective Speech.** Speech was defective in 5 children seen at routine medical inspection, 4 being referred for treatment by the Speech Therapist.

Four cases of defective speech were noticed during special inspections, all being referred for treatment.



**Nervous Diseases.** Three cases of chorea were found at routine medical inspection, one being referred for treatment and two for observation.

At special inspections 3 cases of chorea, 1 case of epilepsy and 8 of other nervous complaints were referred for treatment. One case of epilepsy and 7 of other nervous complaints were referred for observation.

**Lungs.** Bronchial catarrh was found in 38 of the children examined at routine medical inspection, 35 being referred for treatment and 3 for observation. Three other lung cases were seen, 2 being referred for treatment and 1 for observation.

At special inspections 33 cases of bronchitis were seen, 27 being referred for treatment and 6 for observation ; 9 other lung cases were referred for treatment.

**Anaemia.** 6 cases of anaemia were found at routine medical inspection, all being referred for treatment. 2 cases were seen at special inspections and were referred for treatment.

**Endocrine Glands.** One case of slight enlargement of the thyroid gland was seen at routine medical inspection and one case during special inspections.

**Diabetes.** One case of diabetes was seen during routine medical inspection and one during special inspections.

## 6. FOLLOWING-UP.

No alteration has been made in the previous year's arrangements.

1,800 re-inspections of children suffering from one or more defects were carried out during the year.

## 7. ARRANGEMENTS FOR TREATMENT.

### (a) Malnutrition.

Milk and mid-day meals are offered to children who appear to be unable, by reason of lack of food, to benefit from the education provided.

Children found to be entitled to free mid-day meal are supplied with one third of a pint of milk daily, in addition, and those found to be entitled to free milk have two thirds of a pint instead of one third of a pint.

During the year 8 children were certified by the School Medical Staff to be in need of extra feeding in the form of milk, 37 to be in need of mid-day meal and 32 to be in need of both milk and mid-day meal.

On the last school day of December, 1945, the provision of milk and mid-day meals was as follows :—

Number of children paying for milk under the voluntary scheme of the Milk Marketing Board ...	5,874
Number of children paying for milk under the Education Committee's Provision of Meals Scheme ... ..	109
Number of children receiving milk free under the Education Committee's Provision of Meals Scheme ... ..	380
Number of children paying for the mid-day meal of the Education Committee's Provision of Meals Scheme ... ..	2,094
Number of children receiving mid-day meal free under the Education Committee's Provision of Meals scheme ... ..	193
Number of children receiving milk and mid-day meal free under the Education Committee's Provision of Meals Scheme ... ..	193

**(b) Uncleanliness.**

No alteration has been made in the previous year's arrangements.

**(c) Minor Ailments and Diseases of the Skin.**

No alteration has been made in the previous year's arrangements.

The number of minor ailments (not included under other headings) treated at the clinics was 3,048.

The number of cases of diseases of the skin treated at the clinics was 482. Of this number, 268 were cases of scabies and 174 were cases of impetigo. 28 cases of suspected ring-worm of the scalp were referred to hospital for treatment.

**(d) Visual Defects and External Eye Disease.**

The Consultant Ophthalmic Surgeon held 34 sessions during the year, at which 327 cases were examined, 324 for refraction examination and 3 for examination of other defect or disease of the eyes. Of the 327 children examined, 14 were pre-school children.

Operative treatment for correction of squint was recommended in one case.

Three cases of defective vision were treated privately, apart from the Education Committee's Scheme, spectacles being prescribed and obtained in each case.



Children are asked to report damage to or loss of spectacles, and 8 cases of damaged spectacles had attention.

181 cases of blepharitis, conjunctivitis and other external eye disease were treated by the School Nurses during the year.

### **Orthoptic Clinic.**

Orthoptic Clinic sessions were held twice weekly throughout the year. Miss G. Strother, Orthoptist, reports as follows :—

“During the past year the attendance has been satisfactory, though a few children, mostly in the 11-13 years age group, have not attended since the first visit, probably due to their dislike of occlusion of their ‘good’ eye because of poor vision in the squinting eye ; also their appearance begins to count, especially in the case of the older children.

“The number of children on the register is 51, with 45 new cases since January, 1945.

“19 children attended monthly for occlusion, 12 of whom developed equal vision in both eyes and are now attending weekly for treatment.

“Throughout the year 35 cases were given regular treatment, attending once or twice a week. Three of these were referred back to Dr. Parker for further advice, because, in each case, the angle of squint was large and did not respond to orthoptic exercises.

“Eleven cases were discharged as cured, having obtained single binocular vision in both eyes, two were divergent squints and the rest convergent, most of which had an angle of between 20-30 of squint without correction and 5-15 with glasses. After treatment the angle was reduced to 0-5 without glasses and 0 with glasses. The number of treatments varied from 10 to 26.

“There were 13 other discharges, five being children evacuated from London who returned before any benefit could be derived from the treatment.

“Three cases were discharged with no improvement in vision after four months occlusion ; five failed to attend, two of these being older children who refused to wear an occluder, and the remaining three had only very slight squints and looked straight in their glasses.”

### **(e) Nose and Throat Defects.**

The Consultant Aural Surgeon held 14 sessions during the year, at which 179 cases of nose and throat defects and ear diseases and defective hearing were examined.



35 cases referred on account of throat conditions were examined by the Consultant Aural Surgeon, and operations of different kinds were advised in 30 cases. Two cases required operative treatment supplemented by non-operative treatment, two cases required to be kept under observation and one case was found to require no treatment.

Of the 27 cases of nasal conditions referred, the Consultant Aural Surgeon found 15 to be in need of operative treatment, 9 to be in need of non-operative treatment, 2 to require observation and 1 case to require no treatment.

Various forms of operative treatment were recommended in 36 cases referred on account of unhealthy conditions affecting both nose and throat, non-operative treatment was recommended in 8 cases, operative treatment supplemented by non-operative treatment in 1 case ; 4 cases required to be kept under observation and in 1 case no treatment was found necessary.

#### **(f) Ear Disease and Defective Hearing.**

47 cases referred on account of ear diseases included 14 in which various operations were recommended, 17 in which non-operative treatment was recommended and 4 in which operative treatment supplemented by non-operative treatment was recommended. 4 cases required observation and 8 were found not to be in need of treatment.

The Consultant Aural Surgeon examined 14 cases referred on account of defective hearing. Various operations were recommended in 3 of the cases and non-operative treatment in 6 cases ; operative treatment supplemented by non-operative treatment was recommended in 2 cases and 3 were found not to be in need of treatment.

In addition to the above cases, 6 cases with ear affections complicated by affections of the nose or throat, or both, were also referred for consultant examination. Appropriate operations were recommended in 3 of these cases, operative treatment supplemented by non-operative treatment in 1 case and non-operative treatment in 2 cases.

138 cases of otitis media and minor ear defects were treated by the school nurses during the year and 13 received treatment privately.

#### **(g) Dental Defects.**

Of the 8,175 children inspected during the year, 4,919 were found to require treatment, and of these 3,395 or 69.0% received treatment.

The operations performed comprised 2,469 fillings of permanent teeth, 634 fillings of temporary teeth, 260 extractions of permanent teeth, 1,455 extractions of temporary teeth and 1,823 other operations.

#### (h) Orthopædic and Postural Defects.

The Committee has no Orthopaedic Clinic, cases being referred via their own doctors to the Orthopaedic Surgeon at the Stockton and Thornaby Hospital.

#### (i) Heart Disease and Rheumatism.

14 cases of organic heart disease, 3 cases of functional disorder of the heart, 5 cases of rheumatism and 4 cases of chorea were kept under observation at the School Clinic during the year.

#### (j) Tuberculosis.

The number of cases of the different types of the disease that attended the dispensary during the year was as follows :—

Peripheral Glands	...	40
Lungs	... ..	22
Bones and Joints	...	17
Abdomen	... ..	6

#### (k) Other Defects and Diseases.

**Defective Speech.** Miss M. Knight, Temporary Speech Therapist, reports as follows :—

##### Admissions and Discharges.

		Stammerers	Speech Defects
Total number on register 1/1/45	...	45	61
Admissions	... ..	41	44
		—	—
		86	105
Discharges	... ..	17	50
		—	—
Number on register 31/12/45	...	69	55

Above is a statement in numbers of children attending the Speech Clinic January to December, 1945. Of the stammerers who have left, 9 have been discharged with normal speech, 3 have left the district, 2 of these being returned evacuees, 5 have been recommended for after treatment. Unfortunately, up to date classes for after treatment have not been arranged. Of the 50 cases of defective articulation all



have been discharged after having attained normal speech. Of the 44 cases of speech defect admitted, only one is a re-admission.

### **Treatment of Speech Defects other than Stammering.**

A series of demonstration lessons in speech correction has been given during 1945 in 5 individual Infant Departments. The lessons have been demonstrated with a full normal class, sometimes in the presence of the staff and again with only one or two teachers and perhaps the Head Teacher present. Attention is drawn to these classes in view of the statement made in the Government Administrative Memorandum No. 101, regarding the Speech Therapist and class work. These lessons seem to be meeting a very real need, because as time goes on requests for them are increasing, so that now the requests can only be dealt with over a very long period. The classes were begun because, after more than 12 years continuous work as a school speech therapist, I have realised that there are hundreds of children in the schools, especially in the C and D streams, who have minor speech defects, but who stand no chance of receiving individual treatment at the Speech Clinic. Many of these children are reached in this way, and many other more severe cases, already in attendance at the Speech Clinic are helped by regular school practice of exercises that can be dovetailed unobtrusively into the normal speech training practice and be of benefit to all.

Up to the present it has only been possible to give the demonstration lessons in Infant Departments. It is interesting that out of them has sprung a request from the Teachers and Head Teachers, that the Speech Therapy service should include a regular rota visit from the Speech Therapist to the teachers of the two lowest classes in Infant Departments in an advisory capacity because, to quote one Head Teacher, "Every form of language is inhibited whilst speech is unintelligible," and the teachers in the two admission classes have more time to concern themselves with the child's speech than is to be found at any other time in its school life.

I recommend that this suggestion be acted upon at the very earliest opportunity because by this co-operative work many children would unconsciously be relieved of a developing speech defect.

Unfortunately there is no school for the mentally defective, nor special classes for the educationally retarded children in Stockton ; therefore the treatment of this class of child, who is always at a discount in a group of normal children, is a difficult problem, and I feel I must make special mention



of them in this resume. When a defect of speech occurs along with mental defect, it is usually an intrinsic part of the disorder. In those cases where it is possible to get intelligent co-operation with the child's mother there is great hope of improvement, but in many cases the mother is incapable of such co-operation and the child's greatest hope of improvement in speech lies in co-operation between the teacher of the Special class and the speech therapist.

The need of the educationally retarded child is different and this class of child is often the most rewarding of a Speech Therapist's cases. Generally sensitive and reticent, his failures humiliate and discourage him. To add to his other difficulties he loses the mental growth to be gained by spoken language. I have known many cases to come under this heading purely because of unintelligible speech. It is the privilege of the speech therapist to correct these defects and to encourage spontaneous speech, so that the child may express himself freely and enjoy the pleasures of companionship even though he may never become a brilliant member of society.

### **Stammerers.**

During 1945, classes have been started and are already proving their value, of children from Infant Departments. The Head Teachers were circularised and requested to report any cases of stammering or hesitation noted in their departments. Already notification of fourteen such children has been sent to me, which constitute two groups. The children attend and stay for a full afternoon once a month. It is a condition of attendance that the mother shall bring the child each time. This does away with the transport difficulty, but much more than that, it gives me an opportunity to discuss progress with the mother at each visit.

These children do not receive treatment by relaxation because I consider them to be too young to benefit by it, but the problem is tackled and often solved through home guidance. With pre-school children I have had the experience of knowing a stammer to be cured through this approach, without myself having had personal contact with the child concerned.

Stammerers above 8 years of age are treated in groups of seven to ten in number (ten at all times being too many). I should like to have time available to give individual treatment to the **gross** cases of stammer to be found in attendance in the Senior Departments. There are eighteen such cases in Stockton, and it is my considered opinion that if they are to be dealt with successfully they should have 45 minutes individual treatment apart from group work each week. If this

could be done one would feel content that every opportunity for recovery had been put in the child's way and the need for after school treatment should become a diminishing factor, but with 139 children in attendance each week, as has been the case for the greater part of the year, this is a present impossibility.

The social side of the work, i.e. home visiting, has been at a minimum through lack of time, though every week some parents have visited the various clinics to discuss their personal problems and to clarify ways of helping the child at home. Schools also have been visited by me for this purpose, and I am grateful to the Stockton Teachers for their co-operation and encouragement. It has brought many a case to a successful conclusion.

### **Conclusions.**

I trust I have made clear that the object of a School Speech Therapist is preventative as well as corrective. By demonstration lessons for defects of articulation and the work with very young stammering children I hope to check the development of these disorders, and I agree most heartily with Mr. Zachery Cope, M.S., F.R.C.S., President of the Board of Registration of Medical Auxiliaries, who said at the Conference of the College of Speech Therapists, 1945, that he saw no reason why normal speech training and speech therapy should not be co-ordinated.

## **8. INFECTIOUS DISEASES.**

During the year, 385 children were excluded from school on the grounds that this was necessary to prevent the spread of infection. Of this number 152 were actual sufferers from infectious disease of one kind or another, while 233 were contacts.

## **9. OPEN AIR EDUCATION.**

### **(a) Playground Classes.**

No alteration has been made in the previous year's arrangements.

### **(b) Open Air Classrooms.**

No alteration has been made in the previous year's arrangements.

### **(c) School Journeys.**

Owing to war conditions, school journeys were discontinued and have not yet recommenced.



## **10. PHYSICAL TRAINING.**

No alteration has been made in the previous year's arrangements.

## **11. PROVISION OF MEALS.**

During the year 8 children were certified by the School Medical Staff to be in need of extra feeding in the form of milk, 37 to be in need of mid-day meal and 32 to be in need of both milk and mid-day meal. On the last school day of December, 1945, 489 children were having milk under the Education Committee's Scheme, 2,287 were having mid-day meal and 193 were having both milk and mid-day meal. (Further details will be found under heading 7 (a) Malnutrition).

## **12. CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.**

### **Parents.**

1,776 parents have attended on one or more occasions during the year at the examination of their children. Many parents who cannot attend send letters giving particulars of the child's condition and asking for advice.

### **Teachers.**

The School Medical Service is indebted to the teachers for their co-operation in the work of the medical and dental inspection. The assistance of teachers in supervising the wearing of spectacles, in making themselves responsible for the attendance of children at the treatment clinics, in distributing the milk ration, with all the additional clerical work entailed, is appreciated and gratefully acknowledged.

### **Voluntary Bodies.**

#### **Stockton and Thornaby Guild for the Care of Crippled Children.**

No sessions of this Guild were held during the year.

## **13. BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.**

Blind, Deaf, defective and epileptic children are referred for ascertainment by maternity and child welfare medical



officers, private medical practitioners, health visitors and mental welfare visitors, school attendance officers, head teachers, parents and guardians, and are also discovered at routine and special medical inspections at school and clinic.

One blind child and four partially sighted children are at Residential Schools for the Blind, and three partially sighted children attend ordinary elementary schools.

Seven deaf and three partially deaf children, aged 3—16, resident in the Borough, attend the Committee's Certified Special Day School for Deaf Children. One deaf child is at Boston Spa Residential School for the Deaf and one deaf child is at home, awaiting admission to that school.

One partially deaf child attends ordinary elementary school.

Three physically defective children are at Ragworth Open Air School, five are at ordinary elementary schools and six attend no school.

One boy with severe heart lesion is at a Residential School and one attends no school.

One child suffering from severe epilepsy is in a Residential Institution.

Eleven children already certified as feeble-minded, aged 7—14, are at elementary schools, two are at Residential Schools, one is in an institution and two are attending no school.

Mentally defective children not in special schools and incapable of receiving benefit in a Special School are notified to the Local Authority under the Mental Deficiency Act, 1913, as amended by the Mental Deficiency Act, 1927. Two imbeciles were notified to the County Council.

Two children who have been certified as imbeciles are attending ordinary elementary school, two are in Residential Institutions and 13 are at home. One child certified as an idiot is at home and one is in a Residential Institution.

### **Day School for Deaf Children.**

26 children are on the roll of the Special School for the Deaf, of which 10 are local and 16 from other areas.

### **Day Open Air School for Delicate Children.**

The school has accommodation for 70 boys and 70 girls. 73 were admitted and 68 discharged during the year, and 36 were, on December 31st, 1945, still on the waiting list for admission.

There were 141 on the register at the end of the year, 72 boys and 69 girls.

The types of case most usually admitted are debility, malnutrition, anaemia, rheumatism and chorea, pre-tubercular cases and cases of non-infective tuberculosis (lungs, glands, skin, bones, joints, abdomen, etc.), phlyctenular conjunctivitis, chronic severe blepharitis, chronic bronchitis, various forms of keratitis, convalescence after severe illnesses and operations.

The cases on the roll at the end of the year were :—

Non-infectious tuberculosis	...	33
Debility	... ..	28
Valvular Disease of the Heart	...	18
Mulnutrition	... ..	16
Bronchitis	... ..	14
Rheumatic Manifestations	...	13
Asthma	... ..	10
Convalescence	... ..	6
Rickets	... ..	2
Anaemia	... ..	1
		<hr/>
		141
		<hr/>

The average attendance for the year was 79.66%.

The children are kept under medical observation every four months for a year after discharge from the Open Air School.

#### **14. FULL-TIME COURSES OF HIGHER EDUCATION FOR BLIND, DEAF, DEFECTIVE AND EPILEPTIC STUDENTS.**

No alteration has been made in the previous year's arrangements.

#### **15. NURSERY SCHOOLS.**

No alteration has been made in the previous year's arrangements.

#### **16. SECONDARY SCHOOLS AND OTHER INSTITUTIONS OF HIGHER EDUCATION.**

The Authority for higher education in the Borough is the Durham County Council.

### 17. PARENTS' PAYMENTS.

From 1st April, 1945, all treatment, including operative treatment for ear, nose and throat cases and for correction of squint, has been carried out free of cost to the parents.

### 18. HEALTH EDUCATION.

The syllabus on Health Education in Schools has now been approved by the Education Committee and it is hoped to incorporate this in the Schools' curriculum at an early date.

### 19. SPECIAL ENQUIRY.

There has been no special enquiry this year.

### 20. MISCELLANEOUS.

20 girls were examined during the year for licences permitting them to take part in theatrical performances. A medical certificate was granted in all these cases.

101 children were examined during the year in connection with employment out of school hours. Certificates of fitness were granted in all but one of these cases.

632 children were examined prior to helping in agricultural work ; 589 of the children were certified fit to do the work.

One girl was examined during the year, prior to being sent to an Approved School.

In accordance with the Committee's rules, teachers were examined by the School Medical Officer for certificates of fitness to return to school after illness. Certificates were granted in each case.

Medical advice in regard to 870 children was supplied to the Juvenile Employment Officer during the year.

### 21. WORK OF THE JUVENILE EMPLOYMENT BUREAU, 1945.

School children between the ages of 12 and 14 years, who were willing, were given the opportunity to assist in harvesting and the following figures indicate to what extent this scheme was applied :—

	Boys	Girls
No. of children examined by School Medical Officer ...	479	153
„ „ „ certified as fit to perform agricultural work ...	443	146



No. of children who worked after per-		
mission was granted ...	253	52
„ „ „ who did not work after		
permission was granted	190	94

### Employment of Children in Theatrical Entertainments.

20 school children applied for licences and in all cases licences were granted as conditions were approved.

## 22. STATISTICAL TABLES.

### TABLE I

Medical Inspections of Pupils attending Maintained Primary  
and Secondary Schools.

#### A.—ROUTINE MEDICAL INSPECTIONS.

(Regulation 49 (2) of the Handicapped Pupils and School  
Health Service Regulations, 1945).

(1) No. of Inspections :

Entrants ... ..	692
Second Age Group ... ..	655
Third Age Group ... ..	536
Total ...	1,883

(2) No. of other Routine Inspections ... 36

Grand Total ... 1,919

#### B.—OTHER INSPECTIONS.

No. of Special Inspections and Re-inspections 4,524

**TABLE II**

CLASSIFICATION OF THE NUTRITION OF PUPILS  
INSPECTED DURING THE YEAR IN THE  
ROUTINE AGE GROUPS.

Number of Pupils Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
	No.	%	No.	%	No.	%	No.	%
1919	340	17.71	1174	61.17	367	19.12	38	1.98

**TABLE III**

GROUP I—TREATMENT OF MINOR AILMENTS  
(excluding Uncleanliness).

Total Number of Defects treated or under treatment during  
the year under the Authority's Scheme, 3,849.

GROUP II—TREATMENT OF DEFECTIVE VISION AND  
SQUINT.

	Under the Authority's Scheme
Errors of Refraction (including Squint) ...	324
Other defect or disease of the eyes (excluding those recorded in Group I) ... ..	3
Total ...	327
No. of Pupils for whom spectacles were	
(a) Prescribed ... ..	266
(b) Obtained ... ..	221

GROUP III—TREATMENT OF DEFECTS OF NOSE  
AND THROAT.

Received Operative Treatment ... ..	71
Received other forms of Treatment ... ..	18
Total number treated ...	89



**TABLE IV**  
**DENTAL INSPECTION AND TREATMENT.**

(1) Number of children inspected by the Dentist						
(a) Routine Age-groups	...	...	...	...	...	7476
(b) Specials	...	...	...	...	...	699
(c) TOTAL (Routine and Specials)	...	...	...	...	...	8175
(2) Number found to require treatment	...	...	...	...	...	4919
(3) Number actually treated	...	...	...	...	...	3395
(4) Attendances made by children for treatment	...	...	...	...	...	5561
(5) Half-days devoted to:—						
Inspection	...	...	...	...	...	81
Treatment	...	...	...	...	...	697
Total						778
(6) Fillings:—						
Permanent Teeth	...	...	...	...	...	2469
Temporary Teeth	...	...	...	...	...	634
Total						3103
(7) Extractions :—						
Permanent Teeth	...	...	...	...	...	260
Temporary Teeth	...	...	...	...	...	1455
Total						1715
(8) Administrations of general anæsthetics for						
extractions	...	...	...	...	...	506
(9) Other operations :—						
Permanent Teeth	...	...	...	...	...	1022
Temporary Teeth	...	...	...	...	...	801
Total						1823

TABLE V

## VERMINOUS CONDITIONS.

(i)	Average number of visits per school made during the year by the School Nurses or other authorised persons ... ..	8.8
(ii)	Total number of examinations of pupils in the Schools by School Nurses or other authorised persons ... ..	38,583
(iii)	Number of individual pupils found unclean ...	1,547

TABLE VI

## BLIND AND DEAF PUPILS.

Number of totally or almost totally blind and deaf pupils who are **not** at the present time being educated in a Special School. The return should relate to all such pupils including evacuees resident in the Authority's area.

	1 At a Maintained Primary or Secondary School	2 At an institution other than a Special School	3 At no School or Institution
Blind Pupils	—	—	—
Deaf Pupils	—	—	1



TABLE VII

## SCHOOL MEDICAL AND DENTAL STAFF.

NAME OF OFFICER.	Proportion of whole time devoted to	
	School Health Service	Public Health
S.M.O. John Landon, M.R.C.S., L.R.C.P., D.P.H. ...	Whole time in combined service	
A.S.M.O W. Rodger, M.B., Ch.B., D.P.H. ...	4 half days per week	Remainder of time
A.S.M.O Post vacant ... ..	full time	
Senior Dental Officer—A. E. Pattie, L.D.S.	Whole time	
Asst. Dental Officer—F. Ell ... ..	Whole time	

## SCHOOL NURSING STAFF

(excluding Specialist Nurses such as Orthopædic Nurses).

	Number of Officers	Aggregate of time given to S.M.S. work in terms of whole time officers
School Nurses ...	Four	Whole time
District Nurses ...	None	—
Nursing Assistants ...	One	Whole time
Dental Attendants ...	Two	Whole time







